



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF PODIATRY

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR TEMPORARY PODIATRIST LICENSE

INSTRUCTION SHEET

A temporary license may be issued to an out-of-state Podiatrist who will be taking charge of the practice of a Delaware-licensed Podiatrist during the Delaware licensee's temporary illness or absence from Delaware.

Temporary licenses are valid for up to three months from date of issuance.

If you need licensure for a Delaware residency program, see the licensure requirements for [Podiatrist-In-Training](#).

Requirements

- ☐ Submit completed, signed and notarized [Application for Temporary Podiatrist License](#).
- ☐ Enclose [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Arrange for the Board office to receive verification of licensure from each jurisdiction (state, U.S. territory or District of Columbia) where you currently hold, or have ever held, a license to practice podiatry, sent directly from the jurisdiction to the Board office.
- ☐ Enclose notarized *Delaware Podiatric Physician's Request Form* completed and signed by the physician whose practice you will be taking charge of. This form is included with the application.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

IDENTIFYING AND CONTACT INFORMATION

1. Name: _____
Last/Family First Middle
2. Other Names Used: _____
3. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐
4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. Address: _____
Street

City State Zip Code
6. Day Phone: _____ Email: _____

EDUCATION AND EXAMINATIONS

7. Enter the following information about the institution where you received your DPM:

Name: _____ Date of Degree: _____

Address: _____

8. Enter the following information about your residency:

Hospital Name: _____

Address: _____

Director: _____ Attendance Dates: _____ From _____ To _____

9. Enter the requested information about your exams:

EXAMINATION	SCORE	EXAM DATE
APMLE Part I		
APMLE Part II		
APMLE Part III		

LICENSURE AND PRACTICE HISTORY

10. Have you ever been granted a podiatric license by any jurisdiction (state, U.S. territory or D.C.)? Yes ☐ No ☐ If yes, complete the following for all licenses. Use a separate sheet if necessary.

JURISDICTION	LICENSE NUMBER	ISSUE DATE	STATUS (current or expired)

Arrange for the Board office to receive a license verification from *each* jurisdiction listed above, sent *directly* from the jurisdiction to the Board office.

11. Have you ever held any other healthcare license? Yes ☐ No ☐ If yes, enter this information about *each* license:

TYPE OF LICENSE	JURISDICTION	HAS THIS LICENSE BEEN DISCIPLINED?	IF DISCIPLINED, EXPLAIN:
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

12. Enter the following information about the locations and dates of your practice. *Include military service.*

EMPLOYER/ PRACTICE NAME	ADDRESS WHERE PRACTICED	NATURE OF PRACTICE	EMPLOYMENT DATES

DISCLOSURES

13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ If yes, submit a certified copy of your criminal history record.
14. Have you ever been *denied* a podiatric or other healthcare license by any jurisdiction? Yes ☐ No ☐ If yes, explain fully on a separate sheet of paper. Include the license type, jurisdiction, and the reason for each denial.
15. Have you been the recipient of any administrative penalties regarding your practice of podiatry in any jurisdictions – such as fines, formal reprimands, license suspension or revocation (except for non-payment of fees), probationary limitations – or have you been a party to a consent agreement containing conditions placed by a board on your professional conduct and practice, including any voluntary surrender of a license? Yes ☐ No ☐ If yes, explain fully on a separate sheet of paper. Provide copies of all relevant documents.
16. Have you ever had a podiatric license revoked, suspended, limited, or placed on probation? Yes ☐ No ☐ If yes, explain fully on a separate sheet of paper. Provide copies of all relevant documents.
17. Have you ever had a disciplinary action taken against you by a Podiatric Medical Society? Yes ☐ No ☐ If yes, explain fully on a separate sheet of paper. Provide copies of all relevant documents.
18. Has a hospital ever changed your privileges as a result of a disciplinary action? Yes ☐ No ☐ If yes, explain fully on a separate sheet of paper. Provide copies of all relevant documents.
19. Are any unresolved complaints pending against you? Yes ☐ No ☐ If yes, explain fully on a separate sheet of paper. Provide copies of all relevant documents.
20. Are any charges pending against you, or are you currently under investigation for felony, misdemeanor, unprofessional conduct, professional misconduct, or malpractice? Yes ☐ No ☐ If yes, explain fully on a separate sheet of paper. Provide copies of all relevant documents.
21. Have you ever been denied a narcotic license (controlled substance registration) or had such license modified, restricted, suspended, canceled, or revoked, or have you ever prescribed narcotic drugs unlawfully? Yes ☐ No ☐ If yes, explain fully on a separate sheet of paper. Provide copies of all relevant documents.
22. Have you ever had any action taken against you by the Narcotics Bureau of the Treasury Department, the Drug Enforcement Agency of the Department of Justice, or any state's Narcotic Agency in this country or any other country? Yes ☐ No ☐ If yes, explain fully on a separate sheet of paper. Provide copies of all relevant documents.
23. Have you ever:
- Engaged in the practice of podiatric medicine without a license? Yes ☐ No ☐
 - Employed or knowingly cooperated in fraud or material deception to acquire a podiatric license? Yes ☐ No ☐
 - Impersonated another person holding a podiatric license? Yes ☐ No ☐
 - Allowed another person to use your podiatric license? Yes ☐ No ☐
 - Aided or abetted anyone not licensed as a podiatrist to represent him or herself as a podiatrist? Yes ☐ No ☐
- If yes to any one of the above, explain fully on a separate sheet of paper. Provide copies of all relevant documents.
24. Have you ever entered into a settlement, or had a verdict rendered against you, in a malpractice action? Yes ☐ No ☐ If yes, explain fully on a separate sheet of paper. Provide copies of all relevant documents.
25. Are you now, or within the last three years have you been, dependent upon the use of alcohol, stimulants, or habit-forming drugs or alcohol or been treated or disciplined for their use? Yes ☐ No ☐ If yes, explain fully on a separate sheet of paper. Provide copies of all relevant documents.
26. Have you had either a mental or physical illness which interfered with your practice for over a month? Yes ☐ No ☐ If yes, explain fully on a separate sheet of paper.

27. Are you currently physically and mentally *capable* of practicing podiatric medicine and surgery according to generally accepted standards? Yes ☐ No ☐ If no, continue with the next question. If yes, skip to the DUTY TO REPORT section.
28. Do you agree to submit to an examination to determine such capability as the Board may deem necessary? Yes ☐ No ☐

DUTY TO REPORT

29. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):
- medically incompetent
 - mentally or physically unable to engage safely in the practice of medicine
 - excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730, 24 Del. C. §1731 and 24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes ☐ No ☐

30. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

31. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to **self report** when your podiatrist license in another jurisdiction has been subject to discipline or has been surrendered, suspended or revoked.

I certify that I have read and understand [24 Del. C. §514 \(a\)\(8\)](#) and that I understand my *duty to self report*. Yes ☐ No ☐

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items **no later than 4:30 PM** ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not **complete** within six months of filing may be considered abandoned and discarded. When your application is **complete**, please allow 4-8 weeks to receive your license.

AFFIDAVIT

This section to be completed in the presence of a notary public.

SIGNATURE: _____ Date: _____

State of _____ County of _____

The above applicant, being sworn, deposes and says that he or she is attesting that all statements contained in his or her application are true and correct in every respect, and that he or she has not suppressed any information that might affect this application.

Sworn to me before me this _____ day of _____, 2_____

Signature of Notary Public: _____

SEAL

My commission expires on _____

APPLICATIONS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.



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DELAWARE PODIATRIC PHYSICIAN'S REQUEST FORM

The Delaware podiatrist who needs the services of an applicant for a Temporary License completes and signs this form in the presence of the notary.

1. Name of Applicant for Temporary Licensure: _____
2. Name of Delaware-Licensed Podiatrist: _____
3. Delaware License Number: **E1** - _____
4. Practice Name: _____
5. Location of Practice: _____

Street

City DE _____
State Zip Code
6. Day Phone: _____ Email: _____
7. When will the applicant be in charge of this practice? From: _____ To: _____
month/day/year month/day/year
8. What is your reason for leaving the practice in charge of the applicant (e.g., illness, leave of absence)? _____

AFFIDAVIT

This section to be completed in the presence of a notary public.

I request that the Delaware Board of Podiatry grant temporary licensure to the applicant named above for the purpose of taking charge of my practice during my absence.

SIGNATURE OF DELAWARE PODIATRIST: _____ Date: _____

State of _____ County of _____

The above applicant, being sworn, deposes and says that he or she is attesting that all statements contained in his or her application are true and correct in every respect, and that he or she has not suppressed any information that might affect this application.

Sworn to me before me this _____ day of _____, 2 _____

Signature of Notary Public: _____

SEAL

My commission expires on _____